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HOY .		Attorney Docket Num	ıbeı
PIENT & TRAINING	DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	
	PATENT APPLICATION	COM	PLI
	(37 CFR 1.63)	Application Number	7

□ Declaration

required)

Submitted after Initial

Filing (surcharge (37 CFR 1.16 (e))

Declaration

Submitted with Initial

Filing

OR

Patent and Trademark Offi	ice; U.S.	PTO/SB/01 (12-97) through 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE s it contains a valid OMB control				
Attorney Docket Num	nber	5991				
First Named Inventor		Sambasivan et al.				
COM	PLETE	IF KNOWN				
Application Number	09/895,866					
Filing Date	June 29, 2001					
Group Art Unit						
Examiner Name						

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As a below named in	ventor, I here	eby declare that:			·					
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
CONDUCTIVE AND ROBUST NITRIDE BUFFER LAYERS ON BIAXIALLY TEXTURED SUBSTRATES										
the specification of which (Title of the Invention) is attached hereto OR										
was filed on (MM	(/DD/YYYY)	06/29/2001		as Unit	ed States Appl	ication Number or F	PCT International			
Application Number	09/895,86	66 and w	as amended on (MM	/DD/YY	YY)		(if applicable)			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the du	ty to disclose i	nformation which	is material to patenta	ability as	defined in 37	CFR 1.56.				
certificate, or 365(a) of	hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Applicati			Foreign Filing D		Priority Not Claimed		py Attached?			
Number(s)		ountry	(MINDO) TTT							
☐ Additional foreign ap	plication numb	ers are listed on a	a supplemental priori	ty data_	sheet PTO/SB	02B attached herel	o:			
I hereby claim the bene	fit under 35 U.	S.C. 119(e) of an	y United States prov	isional a	pplication(s) li	sted below.				
Application Nun	iber(s)	Filing Date	(MM/DD/YYYY)							
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[Page 1 of 2]

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PTO/SB/01 (12-97)

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Utility or Design Patent Application DECLARATION

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United States o United States or information whice	f America, r PCT interi ch is mater	under 35 U.S.C. 1 listed below and national applicational in the patentability arnational filing d	, insofa on in th as de	ar as th ne man efined i	he subjec ner provid n 37 CFF	t matter ded by ti	of each	of the o	claims of 1 n of 35 U.S	this ap	plication is 2. I ackno	s not disclosed wledge the duty	in the prior to disclose
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☐ Additional re	egistered p	ractitioner(s) nam	ed on	supple	mental R	egistere	d Practit	oner Info	ormation s	heet P	TO/SB/02	C attached here	to.
Direct all corre	□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: □ Customer Number or Bar Code Label 22922 OR □ Correspondence address below												
Name		D. DeKruif, Es , Boerner, Var		ıren, N	Vorris &	Riese	lbach,	s.c.					· ·
Address	1000 No	rth Water Stre	et										
Address	Suite 21	00									·		
City	Milwauk	ee				T	s	tate	WI	ZIP	53202		
Country	United S	tates		Tele	phone		414-2	98-836	60	Fax		414-298-80	97
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		st Inventor:					□ A	petition	has bee	en file	d for this	s unsigned in	ventor
	Given Na	me (first and m	iddle	[if any	1)		Family Name or Surname						
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Inventor's		Ma.			. 1		· · ·						11/26/01
Signature		yen	w	_₩	emb	mv						Date	11/20/01
Residence:	City	Chicago			State	IL	Co	untry	US			Citizenship	US
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Post Office	Address					_	_		-		_		
City		Chicago	Stat	e	IL	ZIP		606	645		Country	<u>'</u> u	IS
	inventors	are being named	on th	ne 2	supp	olement	al Additi	onal Inv	entor(s) s	heet(s) PTO/SE	3/02A attached	hereto.

[Page 2 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S) **Supplemental Sheet** Page 1 _ of <u>_2</u>

Name of Additional J	loint Inventor, if any:			☐ A petition has been filed for this unsigned inventor					
Giver	n Name (first and middle	[if any])			Family Name or Surname				
Amit				G	oyal				
Inventor's Signature								Date	
Residence: City	Knoxville	State	TN	Cou		us		US Citizenship	
Mailing Address	300 Walker Sp	orings Ro	ad, #19-E	=					
Mailing Address									
City	Knoxville	State	TN	ZIP	379 261	923- 7	Cou	US	
Name of Additional	Joint Inventor, if any:	7			A petition	has been filed	l for th	his unsigned inventor	
Give	n Name (first and middle	e [if any])				F	amily	Name or Sumame	
Scott A.	•			В	Barnett				
Inventor's Signature	Ocott	-Be	ui.	T				Date 11/26/01	
Residence: City	Evanston	State	IL	Cou	ntry	US		Citizenship	
Mailing Address	2722 Eastwoo	d Street							
Mailing Address									
City	Evanston s	tate	IL	ZIP	602	201	Cou	untry US	
Name of Additional J	Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor					
Give	n Name (first and middle	e [if any])		Family Name or Surname					
Ilwon				ļκ	im				
Inventor's Signature	lshoon	She	m					Date 11/26/01	
Residence: City	Skokie	State	IL	Cou	ntry	US		Citizenship Republic of Korea	
Mailing Address	8532 Skokie B	Blvd., E2							
Mailing Address									
City	Skokie	State	IL		ZIP	60077	Co	ountry US	

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DECLARATION

ADDITIONAL INVENTOR(S) **Supplemental Sheet** Page _ 2 _ of _ 2

Name of Additional Joint Inventor, if any:		□Ар	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middl	e [if any])		Fa	mily I	Name or Surname					
Donald M.		Kroe	eger							
Inventor's Signature					Date					
Residence: City Knoxville	TN State	Country	US		US Citizenship					
Mailing Address 716 Villa Crest Drive										
Mailing Address	Mailing Address									
city Knoxville	TN State	ZIP	37923	Cou	US					
Name of Additional Joint Inventor, if any	:	☐ A pe	etition has been filed	i for ti	nis unsigned inventor					
Given Name (first and middl	e [if any])		Fa	mily !	Name or Surname					
Inventor's Signature					Date					
Residence: City	State	Country			Citizenship					
Mailing Address										
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Name of Additional Joint Inventor, if any:		☐ A pe	☐ A petition has been filed for this unsigned inventor							
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Inventor's Signature					Date					
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((37 CFR	1.63)	Application Number		
⊠ Declaration	_ □	Declaration	Filing Date		
Submitted with Initial	OR	Submitted after initial Filing (surcharge	Group Art Unit		
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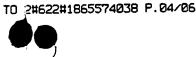
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as armended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is motorial to patentability as defined in 37 CFR 1.56. hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(a) for patent or inventor's sertificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by choosing the box, any foreign application for patent or inventor's cartificate, or day PCT International application having a filing dute before that of the application on which priority is claimed.										
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Littley or Design Patent Application

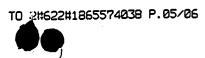
United States of American special policials in the manner provided by the first paragraph of 35 U.S.C. 112, I ectrovatedge the stary to district information which is material to path stability as defined in 37 CFR 1.55 which became available between the sing data of the prior application and the pational PtC international Rilling date of this application. U.S. Parent Application or PCT Parent Number PCT Parent Number (MM/DD/YYYY) As a named inventor, I hereby appoint the tollowing registered practitionary in processor to the prior applicable) Registration Number (If applicable) Registration Number (Registration number and trademark Office connected therewith: 85 Customer Number (22.922) Registration Number Registration number based below 22.9222 Registration Number Registration number based below (Registration number based (Registration	DECLARATION — Utility of Design Fatent Application													
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTC/SB/02C stasched hereto. Direct all correspondence to: Customer Number or Bar Code Label 22922 Rodney D. DeKruif, Esq. Reinhart, Boerner, Van Deuren, Nords & Rieselbach, s.c. Address 1000 North Water Street Address 3uite 2100 City Milwaukee State Wi ZIP 53202 Country United States Telephone 414-298-8360 Fax 414-298-8097 I hereby declare that all statements made herein of my own incontedge are true and that all statements made on information and bedof at befored to be true; and further that these statements were made with the knowledge that willed false statements and the files on made at punishable by fine or implicantment, or both, under 18 U.S.C. 1001 and that such willish false statements may jacquardize the validity of the application or any patent based thereon. Name of Sote or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame Sambasivan Inventor's Signature Residence: City Chicago State Country US Cittzenahip US				_		Nun	nber			Nz	me		Nu	mber
Direct all correspondence to: Customer Number or Bar Code Label Rodney D. DeKrulf, Esq. Reinhart, Boerner, Van Deuren, Norris & Rieselbach, s.c. Address 1000 North Water Street Address Suite 2100 City Milwaukee Stata Wi Zip 53202 Country United States Telephone 414-298-8360 Fax 414-298-8097 I hereby declare that all statements made herein of my own impowing or are true and that all electements made on information and bedief at believed to be true, and further that these statements were made with the knowledge that withit false statements and the lite or made are principable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquarities the validity of the application or any patent based thereon. Name of Sole or First Inventor: Given Name (first and middle (if any)) Family Name or Surname Sambasivan Inventor's Signature Residence: City Chicago State			· ·		• :-				,					
Redney D. DeKruif, Eeq. Reinhart, Boerner, Ven Deuren, Norris & Rieselbach, e.c. Address 1000 North Water Street Address Suite 2100 City Milwaukee State Wi Zip 53202 Country United States Tofephone 414-298-8360 Fax 414-298-8097 I hereby declare that all statements made herein of my own knowledge are true and that all statements mode on information and bodief are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeoperdize the velidity of the application or any patent based thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Sambasivan Sambasivan Residence: City Chicago State Country US Cittzenahlp US	Additional n	gistared p	ractitioner(e) nam	ed on B	upplen	nental R	egistere	Practit	oner info	ormation a	neel P	CO/SB/02C	attached here	to.
Address 1000 North Water Street Address Suite 2100 City Milwaukee State Wi ZIP 53202 Country United States Telephone 414-298-8360 Fax 414-298-8097 I hereby deciare that all statements made herein of my own innovinded are true and that all eletements made on information and bedief as believed to be true; and further that these statements were made with the knowledge that withil false statements and the like so made at application or any patent based thereon. Name of Sole or First Inventor: Given Name (first and middle (if anyl)) Sambasivan Sambasivan Residence: City Chicago State Country US Citizenahip US	Direct all correspondence to: Customer Number OR Correspondence address below													
Address Suite 2100 City Milwaukee State Wi Zip 53202 Country United States Tolephone 414-298-8360 Fax 414-298-8097 I hereby declare that all statements made harein of my own knowledge are true and that all statements made on information and boiled are believed to be true; and further that these statements were made with the knowledge that within false statements and the like so made an punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such within false statements may jeopardize the validity of the application or any patent based thereon. Name of Soite or First inventor: Given Name (first and middle [if any]) Sambasivan Inventor's Signature Residence: City Chicago State L. Country US Citizenship US	Name	Rodney Reinhar	D. DeKruif, Ed , Boerner, Vai	q. n Deum	an, N	orris &	Riesel	bach, 1	ı.ç.					
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Additional inventors are being named on the 2 supplemental Additional inventor(a) sheet(a) PTO/SB/02A ettached hereto.	Additional i	inventors	ere being named	on the	2	supp	domente) Additi	enel Inv	erdor(a) s	heel(B	PTO/SB	702A ethiched	hereto.

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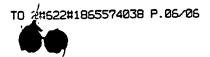
ADDITIONAL INVENTOR(S) Supplemental Sheet **DECLARATION** Page _1_ of _2

Name of Additional Jo	Int Inventor, If any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [ff anyl)			Family Name or Surname							
Amit			Goyal							
Inventor's Signature	~	Δ		Date 11/25/01						
Residence: City	Knoxville	TN State	Country	US						
Mailing Address 300 Walker Springs Road, #19-E										
Mailing Address										
City	Knoxviile	TN State	37923- 2617 zip	US						
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Given	Name (first and middl	• (if eny))		amily Name or Sumame						
Scott A.			Barnett	Barnett						
inventor's Signature				Dase						
Residence: City	Evanston	State	Country US	Citizenship						
Mailing Address	2722 Eastwoo	2722 Eastwood Street								
Mailing Address										
City	Evanston	State IL	_{ZIP} 60201	Country						
Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any]) Family Name or Sumane										
Ilwon			Kim							
inventor's Signature				Date						
Residence: City	Skokie	State IL	Country US	Chizenahip Republic of Korea						
Malling Address	8532 Skokle Blvd., E2									
Maliing Address										
City	Skokie	State (L	ZIP 80077	Country US						

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2_ of _2

Name of Additional Joint Inventor, If any:				A petition has been filed for this unsigned inventor					
Given Name (first and middle [if anyl)			Femily Name or Surname						
Donald M.				Kroeger					
inventora and M Kroege						Date / 0 - / 8 - 0 /			
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Mailing Address 718 Villa Crest Drive									
Mailing Address									
City	Knoxville	TN State	ZIP	37923	Co	US			
Name of Additional	Joint Inventor, If any:	7		A polition has been file	d for	this unsigned inventor			
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